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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/797,401		
APPLICATION AS FILED — PART I (Column 1) (Column 2)						SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	FOR	NU	MBER FILED	NUMBI	ER EXTRA	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
3A S	IC FEE FR 1.16(a), (b), or	(c))	N/A		N/A	N/A		1	N/A	
ΕA	RCH FEE FR 1.16(k), (i), or (N/A		N/A	N/A		1	N/A	
X	MINATION FEE FR 1.16(o), (p), or		N/A		N/A	N/A		1	N/A	
01	AL CLAIMS OFR 1.16(i))	(4))	minus 2	0 - .		x =		OR	x =	
D	EPENDENT CLA	ums	minus			x =		1 0	x =	
PF	LICATION SIZE	sheets is \$26 addition	specification of paper, to 0 (\$130 for onal 50 shee	actification and drawings exceed f paper, the application size fee \$130 for small entity) for each at 50 sheets or fraction thereof. C. 41(a)(1)(G) and 37 CFR 1.16						
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()))					N/A			N/A		
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL			TOTAL	
_		(Column 1)			(Column 2) (Column 3)		ENTITY	OR	OTHER SMALL E	NTITY
AMENDMENT A		REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL		RATE (\$)	ADDI- TIONAL
	Total	AMENDMEN	Minus	PAID FOR		-	FEE (\$)	-	\vdash	FEE (\$
	(37 CFR 1.16())) Independent	36	Minus		<u> </u>	x =		OR	х =	
	(37 CFR 1.18(N)) 10 """ 9 1					x 110 =	110	OR	х =	
	Application Size Fee (37 CFR 1.16(s))					<u> </u>	ļ	-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A		OR	N/A	
						TOTAL ADD'L FEE	110	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONA FEE (\$
	Total (37 CFR 1.16(i))	*	Minus	••	=	x =		OR	х =	
	Independent (37 CFR 1.16(h))	•	Minus	***		х =		OR	x =	
	Application Size Fee (37 CFR 1.16(s))							1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A		OR	N/A	
						TOTAL ADD'L FEE	110	OR	TOTAL ADD'L FEE	
	If the "Highest I If the "Highest I The "Highest No	Number Previou Number Previou umber Previous	usly Paid For Isly Paid For Iy Paid For" (y in column 2, writ IN THIS SPACE IN THIS SPACE Total or Independ R 1.16. The info	is less than 20, is less than 3, e lent) is the highe	enter "20". nter "3". st number found in				

Inscallaction of information is required by 3° C/Ht. 1.16. The information is required to obtain or retain a benefit lifty explicit which is to file (and by the USFTO to process) an application. Confidentially is governed by 58 US.C. 124 and 3° C/FR 1.14. This collection is estimated to tain? I strike to compile, including gathering, present, and submitting the completed application from to the USFTO. Time will vary depending upon the individual case. Any commentation in the amount of time you require to compilete this form and/or suggestors for eaching this burden, should be sent to Note Hindingston (V.). Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Accounding, VA 22313-1450, DO NOT-SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT-SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT-SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.